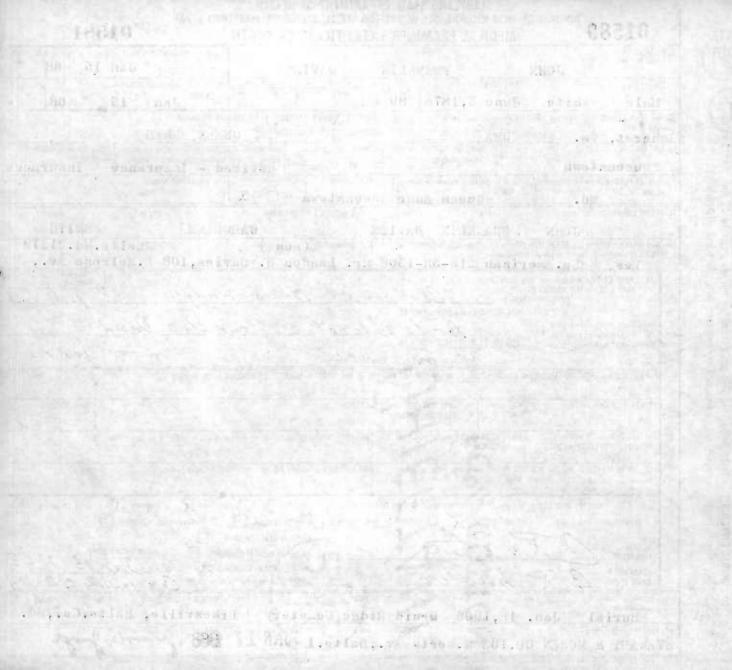
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01581MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEM 1. DECEASED-NAME First Middle Lost 2g. DATE KNOWN Month Day 2b. HOUR Year (Type or Print) deloy 1, nd 3 to OF ESTI-1968 Jan 15 FRANKL IN DAVIES JOHN 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 89 Male White June 5,1878 19 68 Jan 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form WIDOWED [ DIVORCED [ QUEEN ANNES Item 18. Give Poges Amherst, Va. USA lond 2 with the Stote hours ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street address) during most of working life, even if retired.)
Retired - Insurance Queenstown Insurance deoth. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Queen Anne Queenstown ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Lost SMITH CAROLINE FRANKLIN DAVIES haurs JOHN forworded to the Chief Medical Examiner's pages . ADDRESS Balto. Md. 21212 within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (son (Yes, na, ar unknown) (If yes give war or dates of service) Sp. American 218-32-1308 Mr. Landon B. Davies, 108 E. Melrose Av., within APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF seleratio Cardio Vascal Canditians, if any, which gave rise to immediate cause (a), word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause vedrs disease .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) writing t 9 removol, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, YES T NO D 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, MEDICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE Page AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry and in my apinian director. Natural causes death resulted fram: Accident . Suicide Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funerol SIGNATURE DEPUTY MEDICAL EXAMINER may **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county), MYreville 02 the 0 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Pikesville, Balto.Co., Md. Jan. 18,1968 Druid Ridge Cemetery Buria 24. FUNERAL DIRECTOR **ADDRESS** STEWART & MOWEN CO.108 W.North Av., Balto.1 VR A15ME (5) 10M REV. 1/6

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01590 01582 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2o. DATE OF DEATH 2b. HOUR death (Type or print) Month 7 Susie A. Johnson signed by the attending physicion and completely filled in by the <u>fur</u> burial-tronsit permit. Then please remove carbon popers. Pages 1 buriol, cremation, or removol, ond in ony event, within 72 hours after v 3. SEX 4 RACE S. DATE OF BIRTH offer IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last dinhoay) Female Colored 12/29/1884 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and completely filled in Maryland U.S.A. Queen Anne's Co. WIDOWED TH DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospitol give tree to days to the tree to the same to t 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUFRY Pondtown Lahor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OF TOWN 13d. INSIDE admission) STATE Maryland b. COUNTY Kent Chestertown ES 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? NO I 14. FATHER'S NAME First Last IS. MOTHER'S MAIDEN NAME First Middle Middle Last Walley John Anna Unk. Address R.F.D. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Nos, no, or unknown) (If yes give war or dates of service) MR. Edgar Johnson Chestertown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Arterioscl Arteriosclerotic cardiovascular disease signed by the attendii burial-tronsit permit. severa IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF vears Canditians, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospitol or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use os the should be filed with the State Dept. af Heolth prior ta for use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO 🗔 O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from Dec-, 19.66, to 1-13, 19.68, that (I) (we) lost sow the deceased alive on 19.68, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 1-20-68 STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Robert W. Farr M.D. NAME (Type) Chestertown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (State) (County) BIRMOVAL (pecify) 1/20/68 Emmanuel Methodist Cem. Chestertown Kent Md. ADDRESS Chestertown, Md. 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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		pe or print) Charles Royal	Month Dan 16	Year 68 12.8.
	3. SE	0./3	I S /3 006 last bjethday) MONT	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN
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7)		TY OR TOWN OF DEATH  Millington  11. NAME OF HOSPITAL OF INSTITUTION (If not in hospin		b. KIND OF BUSINESS OR IDUSTRY Various
7	13o. admi	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before sign Alage 13b. County Anne's Centrevil	13e. STREET AND NUMBER  12e YES NO RD #1	
1	14. F		R'S MAIDEN NAME First Middle	Last
	160.	Joseph Royal   was deceased ever in u.s. armed forces?   166. Social security no.   17. Informan		Wilson
	У	a no or unknown) I fit was mye was as dates of service)		town Md.  APPROXIMATE INTERVAL
3		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			NEU MONIA-	11 doup
		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)	ceru peu sotin	2 dors
		rise to immediate couse (a).  DUE TO, OR AS A CONSEQUENCE OF	The section of the se	1
		lost. (c)		
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM $49.7 \times 10^{-10}$	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a.	AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
	ERTIFI		Y OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	10.1
	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	tr OCCURRED (Enter nature of injury in Port 1 of Part 2, Item	18.)
	MED	21d. INJURY OCCURRED While Nat while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION	Street ar R.F.D. No. City or Town Ca	unty Stote
		22a   certify that (1) (this haspital) attended the deceased from Law	5, 1968, to pre 16, 1968	_, that (I) (we) lo
		saw the deceased olive an	n (my) (our) apinion deoth occurred an the dote o	nd hour ond from th
	×	22b. SIGNATURE ATT	TENDING MED. STAFF 22c. DATE	
à		DEGREE PHY	TENDING MED.  YS. DIRECTOR D STAFF PHYS. D YOUR  ADDRESS	1.17.68
			Millington, Maryland	
	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION (City or Town) (Co	ounty) (State)
1		REMOVER Specify) 1/20/68 Carmichael Cem	1. Queentown.    25g. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGN	Md.
9	1	Kensell Walls Chestertown, Md.	DATEJAN 23 1968 Schoole	o Judge

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	01592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE DF DEATH     2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
-(A)	a. COUNTY QUEEN ANNE MARYLAND B. COUNTY QUEEN ANNE
the funeral the funeral may be peparument after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
e fune may may partme	KURAL CHESTERTOWN LIFE KURAL CHESTERIOWN
01 ~ 0)	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
8 E. SE	3. NAME DF DECEASED (Type or print) FREDERICK 11/5SES SMITH DATE DEATH JANUAR 12 1968
f an 1, 2, 1 Ph 1 Ph 1 Ph	5. SEX   6. COLOR OR RACE   7. MARRIED   NOVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IIF UNDER 24 HRS.
ages 1, 2 form P 2 with	MALE WHITE WIDOWED DIVORCED JUNE 9-1874 93 yrs. Hours Min.
er deat live Pag with 1 and 3	1Da. USUAL OCCUPATION (Give kind of work done of work done of work done of working life, even if retired)  1Db. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WARYLAND  12. CITIZEN OF WHAT COUNTRY?  WARYLAND
ours afte n 18. Gl e along pages 1 in any	13. FATHER'S NAME
hours em 18 ce a e pag d in	George SMITH HARRIET STEVENS
LEXAMINER: This certificate should be executed within 24 hours after death. If any the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a should be forwarded to the Chief Medical Examiner's Office along with form PM3 files.  TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the designated agent, prior to burial, cremation, or removal, and in any event within 72	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. ARTHUR HOCK - CRUMPTON, MD.
with penc nines	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]
uld be executed 1 "pending" in sf Medical Exan a burial-transit cremation, or i	PART I. DEATH WAS CAUSED BY:  Artro sclerotic Cerelio Vascular Constitution of the Death of the
exected ding ding lear lear lear lear lear lear lear lear	Conditions, If any, which \ Ve-ars
be Med Med Juria	gave rise to immediate ( )
ould ird iief iief al, cat	underlying cause last. (c)
ficate sho the work the Chi o the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PRIMARY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)  PRIMARY OF THE PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTI
rtific ng t 1 to 1 to be u or t	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
writi ardec	
ER. This certificate, writing to forwarded to 3 should be agent, prior	ZDc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2Df. (City or town) (State)   4   4   4   4   4   4   4   4   4
IMIN ertifi d be Page	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion
AL EXA	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
DICAL Lite the ge 4 s your your its de its de	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
ry MEDICA execute the Page 4 if for your	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
	EXAMINER'S NAME (Type) C. RODNEY LAYTON Address (Street, city, town, or county) Centre ville fact
To DEPUTY please explained retained to FUNERA of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. NAME OF CEMETERY OR CREMATORY  BURIAL  CRUMPTON  CRUMPTON  (State)  CRUMPTON  (State)
01	24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
VR A15ME 35DD 4-64	Edgard. Jane Church State, order 18 1300 1 1000

01593 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01585 CERTIFICATE OF DEATH haurs after death. Last 20 DATE OF DEATH 2b. HOUR a DECEASED-NAME Middle First requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 (Type or print) Manth JESSIE STARLING 1968 9:20M January IF UNDER 24 HRS. IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors last birthday) Male Unknown, Colored 1904 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) and campletely filled in Md. U.S.A. DIVORCED | Oueen Anne's WIDOWED [ Within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane INDUSTRY Farm give street address) during most of working life, even if retired.) remove carban Near Millington burial, crematian, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Md. YES 🗀 NO T Kent rural Galena 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Middle Clifton Starling Sadie Taylor Sister 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Galena, Md. 21635 Ada Brisco APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 10 Hyperteunian PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical exominer) O FUNERAL DIRECTOR: After this certification, page 3 shauld be detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Not while at wark 220. I certify that (I) (this haspital) attended the deceosed from 1962, 1962, to 1966, 1968, that (I) (we) lost sow the deceased alive on 1966, and that in (my) (aur) opinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth 22c. DATE SIGNED 22b. SIGNATUR ATTENDING MED.
DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Geza Koralewski. M.D. Millington, Md. 21651 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) 23a. BURIAL, CREMATION, Bu PEMOYAL (Specify) Morgan Neck Cemetery Md. Jan.10,1968 Chestertown, rural, Kent, ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Millington, Md. 21651 ochantes Edward Fellows & Son,

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	0159	4,				CATE OF D			015	86
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First		Middle		Last	20. [		Month Day	Yeor 2b. HOUR
S 5 5		Howar		S.		lace		OF ESTI- EATH MATED	Jan 2	1968
dela 3.	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE	(In years IF UNDI irthday) MONTHS	DAYS HOURS		ATE PRONOUNCED   Month D	Vana	2d. HOU
Sar Francisco	Male 7o. BIRTHPLACE (Sto	White	Feb. 7, 191		YRS.	NEVER MARRIED	9. COUNTY O	12n	7	1968
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death with rot with state	10. CITY OR TOWN C		11. NAME C	OF HOSPITAL OR INS		hospital 12a.	USUAL OCCUPAT	ION (Kind of work		OF BUSINESS OR
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0 0 3 0	13a. USUAL RESIDEN admissian) STAT.	ICE (Where decease	ed lived, if institution: 13b. COUNTY Que	Residence before	13 CHY AL TOWN	13d. INSIDE CIT	Y LIMITS? 13e.	STREET AND NUMBE	R	
haurs a Item 18. Office al Iand 2 w after dec	14. FATHER'S NAME	Md First	Middle	en Anne p	Sudlers	HER'S MAIDEN NAM		Midd	le .	Lost
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within pencil Examine File pag	No.	WII) (II yes give w	var or dates of service) 22	2-05-314	Mrs.	Alberta 1	Wallace,	RuraSuc	ilersvill	
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3 5 5 5	190. DATE OF (	PERATION	170.	WAS PERFORMED?	ich Ortkanion					AUTOPSY?
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3 ± s e		1	LACE OF INJURY (At hor tory, office building, etc.	me, form, street,	21f. LOCATIO	ON Street or R.F.D. R	0.	City or Town	County	State
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